

21 JUL 04 14:17

Dr. Paul Vinoent

+49 8322 987299

S.11

OFFICIAL

RECEIVED
CENTRAL FAX CENTER

JUL 21 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BERGER, Thomas et al.) Examiner:
Application No.: 09/914,950) DOVE, T.M.
Filing Date: May 07, 2002) Art Unit:
For: ELECTRODE UNIT FOR) 1745
RECHARGEABLE ELECTROCHEMICAL)
CELLS)

Docket No.: 18446.3

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

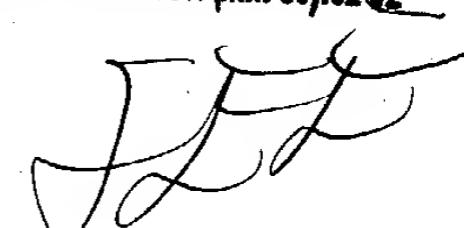
Commission for Patents
Alexandria, VA 22313-1450
U.S.A.

The applicant hereby petitions for an extension of time under 37 CFR 1.17(a)(1) to respond to the Office Action dated March 29, 2004 in the above mentioned patent application. The small entity fee of \$ 110 is hereby authorized to be charged to deposit account number 50-0698.

The applicant believes that this petition for extension is sufficient to assure timeliness. The applicant nevertheless hereby conditionally petitions for an additional extension under 37 CFR 1.136(a) should same be necessary and hereby authorizes the Assistant Commissioner to charge fees associated therewith to deposit account number 50-0698.

08/03/2004 N LAWRENCE MAMMONE FAXED 08/03/2004 09:14:50
01 FC:1251 110.00 DA

PAGE 11/12 * RCVD AT 7/21/2004 9:14:16 AM [Eastern Daylight Time] * SVR:USPTO-EXRF-1.0 * DNI:8729306 * CSID:+49 8322 987299 * DURATION (mm:ss):02:52



S.N. 09/914,950 filed May 07, 2002
BERGER, Thomas et al.

Atty. Docket: 18446.3

CLAIMS AS AMENDED						
	Claims as filing and as amendment		Highest Number Previously Paid For	Present Number Extra	Rate	Fee
Total claims	25	-	26	X	x\$18	0
Independent claims		-	?	X	x\$86	0
Multiple dependent claim added					\$290	0
() If small entity, then add 50% to the total fee by 2					TOTAL \$ 0	
					SMALL ENTITY	
					TOTAL \$ 0	

A Petition for Extension of time under 37 CFR 1.136(a).

Please charge Deposit Account Number 50-10358 in the amount of \$ 110 for the Extension.

The Commissioner is authorized to charge payment of fees associated with this application or credit any overpayment to Deposit Account Number 50-10358.

Applicant believes that a written statement of facts is required. However, this conditional petition is filed to determine the possibility that applicant has in fact filed a petition for extension of time for a petition and fee.

I hereby certify that the above is true and correct.

Paul VincentDr. Paul Vincent
R. No. 37,461July 21, 2004

Lichti + Partner GbR
 Patentanwälte
 Bergwaldstr. 1
 D-76227 Karlsruhe
 Germany
 Telephone: 49-721-948 28 18
 Fax : 49-721-948 28 19

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

09/914950

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	26	6
INDEPENDENT CLAIMS		
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	RATE
395.00	860
x\$11=	790.00
x\$22=	108
x41=	
+135=	
TOTAL	968
OR	

7.21.04 CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT	(Column 2)	(Column 3)
Total	•	Minus	..	=
Independent	•	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	RATE
ADDITIONAL FEE	ADDITIONAL FEE
x\$11=	x\$22=
x41=	x82=
+135=	+270=
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE
OR	

AMENDMENT B	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT	(Column 2)	(Column 3)
Total	•	Minus	..	=
Independent	•	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	ADDITIONAL FEE	ADDITIONAL FEE
Total	x\$11=	x\$22=
Independent	x41=	x82=
+135=	+270=	
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	
OR		

AMENDMENT C	(Column 1)	CLAIMS REMAINING AFTER AMENDMENT	(Column 2)	(Column 3)
Total	•	Minus	..	=
Independent	•	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	ADDITIONAL FEE	ADDITIONAL FEE
Total	x\$11=	x\$22=
Independent	x41=	x82=
+135=	+270=	
TOTAL ADDIT. FEE	TOTAL ADDIT. FEE	
OR		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PRINTED ON 07/21/2004

